Health, Welfare Public Service

FILED MAR 27 1959

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-010945
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2675

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY: St. Louis<br>b. CITY OR TOWN: St. Louis (Inside Limits Yes ☒ No ☐)<br>c. FULL NAME OF HOSPITAL OR INSTITUTION: 5045 Arlington (Length of stay in 1b: 31 yrs) | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE: Mo b. COUNTY:<br>c. CITY OR TOWN: St. Louis (Inside Limits Yes ☒ No ☐)<br>d. STREET ADDRESS (If outside, give location): 5045 Arlington (Reside on Farm Yes ☐ No ☐) |

| 3. NAME OF DECEASED (Type or print) First | Middle | Last | 4. DATE OF DEATH Month | Day | Year |
|---|---|---|---|---|---|
| Philip | | Giglio | 3 | 14 | 59 |

| 5. SEX | 6. COLOR OR RACE | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min. |
|---|---|---|---|---|---|---|
| Male | Wh | | Dec 2 1893 | 65 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Shoe worker | Kalmon Shoe Co | Italy | USA |

| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
|---|---|---|
| Giuseppe Giglio | Patricia Licata | Josephine |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address |
|---|---|---|
| no | 489-01-7653 HA | Josephine Giglio 5045 Arlington |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Toxemia | 15 mo. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Abdominal carcinomatosis | 15 mo? |
| DUE TO (c) | Adenocarcinoma of sigmoid colon | ? |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Secondary anemia.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

| 20a. ACCIDENT ☐ | SUICIDE ☐ | HOMICIDE ☐ | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
|---|---|---|---|
| | | | 153.3 |

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-15-57 to 3-14-59 and last saw her/him alive on 3-11-59
Death occurred at 3pm on the date stated above; and to the best of my knowledge, from the causes stated.

| 22a. SIGNATURE (Degree or title) | 22b. ADDRESS | 22c. DATE SIGNED |
|---|---|---|
| H Allison MD | 6401 W Florissant Ferguson Mo | 3-16-59 |

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | # 3/17/59 | Calvary | St. Louis, Mo |

| 24. FUNERAL DIRECTOR ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
|---|---|---|
| Micell 1150 N. Kingshiway | MAR 16 '59 | Earl Smith M.D. |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed J. Wm Dunkley

Licensed Embalmer No. 2653

P. O. Address St. Lew. B.W.I.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.